

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/806031

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
4	/	/	/	/		
5	/	/	/	/		
6	1	/	/	/		
7	1	/	/	/		
8	2	/	/	/		
9	2	/	/	/		
10	2	/	/	/		
11	2	/	/	/		
12	1	/	/	/		
13	/	/	/	/		
14	1	/	/	/		
15	/	/	/	/		
16	2	/	/	/		
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31	1	/	/	/		
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TOTAL ID.	2		2			
TOTAL EP.	53	↓	42	↓		
TOTAL CLAIMS	55	[REDACTED]	48	[REDACTED]	[REDACTED]	[REDACTED]

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY